

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000001547

1. Entity Name
NEEDY SCHOOL CHILDREN'S FUND, INC.



Principal Place of Business
**318 N CLARK ST
PERRY, FL 32347 US**

Mailing Address
**318 N CLARK ST
PERRY, FL 32347 US**



07172006 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3216773

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PARKER, GREGORY S
315 WEST GREEN STREET
PERRY, FL 32347**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
SD
NAME
WHITFIELD, DIANE
STREET ADDRESS
318-A N CLARK ST
CITY-ST-ZIP
PERRY, FL 32347

TITLE
MTC
NAME
BROOKS, RHONDA
STREET ADDRESS
318 N CLARK STREET
CITY-ST-ZIP
PERRY, FL 32347

TITLE
D
NAME
SCHRAMM, BERINDA
STREET ADDRESS
800 W. ASH ST.
CITY-ST-ZIP
PERRY, FL

TITLE
D
NAME
HERNDON, RANDY
STREET ADDRESS
318 N. CLARK ST.
CITY-ST-ZIP
PERRY, FL 32347

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/06 (750) 838-2520
Date Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**

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07/19/06-80005-001 70.00